

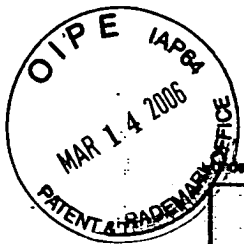
PTO/SB/81 (04-05)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	08/486,219		
	Filing Date	June 6, 1985		
	First Named Inventor	Michael HANDFIELD		
	Title	TIRE MONITORING VIA AN ELECTROMAGNETIC PATH INCLUDING THE GROUND PLAN OF A VEHICLE		
	Art Unit	2214		
	Examiner Name	W. L. Oen		
	Attorney Doctel No.	555642001400		
I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
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OR				
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<input checked="" type="checkbox"/> Applicant/Inventor.				
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature			Date	3-9-06
Name	Michael Handfield		Telephone	(248) 651-5941
Title and Company	Inventor			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	08/466,219		
	Filing Date	June 6, 1995		
	First Named Inventor	Michael HANDFIELD		
	Title	TIRE MONITORING VIA AN ELECTROMAGNETIC PATH INCLUDING THE GROUND PLAN OF A VEHICLE		
	Art Unit	2214		
	Examiner Name	W. L. Oen		
	Attorney Docket No.	555642001400		
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<input type="checkbox"/> Firm or Individual Name 				
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I am the:				
<input checked="" type="checkbox"/> Applicant/Inventor.				
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)				
SIGNATURE of Applicant or Assignee of Record				
Signature <i>Helene Laliberte</i>		Date	3-9-06	
Name Helene Laliberte		Telephone	(248) 651-5941	
Title and Company		Inventor		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.				

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